

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number			
CLAIMS AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
(Column 1) (Column 2)					(Column 3) (Column 4)			
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))				\$ 345	OR			
TOTAL CLAIMS (37 CFR 1.16(c))	17	minus 20 = *	0	x \$ 9 =	OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1	minus 3 = *	0	x 39 =	OR	x =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ 130 =	OR	+ =			
			TOTAL	345	OR	TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2								
CLAIMS AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
(Column 1) (Column 2) (Column 3)					(Column 4) (Column 5)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =	OR	x \$ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =	OR	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	OR	+ =	
					TOTAL	OR	TOTAL	
(Column 1) (Column 2) (Column 3)					(Column 4) (Column 5)			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =	OR	x \$ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =	OR	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	OR	+ =	
					TOTAL	OR	TOTAL	
(Column 1) (Column 2) (Column 3)					(Column 4) (Column 5)			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =	OR	x \$ =
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =	OR	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	OR	+ =	
					TOTAL	OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								

BEST AVAILABLE COPY

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/680,286

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>17</i> minus 20=	* <i>0</i>
INDEPENDENT CLAIMS	<i>1</i> minus 3 =	* <i>0</i>
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☒ **OR**

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL	<i>355</i>	OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY **OR** **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/680, 286

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entry	Lg. Entry		
Basic Filing Fee	<u>201/101</u>						=	<u>355</u>
Total Claims >20	<u>203/103</u>	<u>17</u>	-20 =		X		=	
Independent Claims >3	<u>202/102</u>	<u>1</u>	-3 =		X		=	
Mult. Dep Claim Present	<u>204/104</u>						=	
Surcharge	<u>205/105</u>						=	<u>355</u>
English Translation	<u>139</u>						=	
<u>TOTAL FEE CALCULATION</u>								<u>355</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 355

Less Filing Fees Submitted - \$ 345

BALANCE DUE = \$ 10

R. V. Re 10/30/00
Office of Initial Patent Examination

Figure 7